

Physician Locum Tenens Certificate Petition Letter
(Instructions Below)

I, _____, am the holder of an active license under SDCL 36-4 and
(print petitioning physician name)
petition the South Dakota Board of Medical and Osteopathic Examiners to grant a locum tenens
certificate to _____ in order to practice medicine for a period
(print certificate applicant name)
not to exceed sixty consecutive days beginning _____.
(month, day, year)

Name of Petitioning Physician _____

Signature _____ Date _____
(Must be signed in the presence of a notary)

Sworn to before me a notary public on _____
(date)

NOTARY PUBLIC * South Dakota

My commission expires on _____

Instructions:

1. Use official stationary or company letterhead to print this.
2. Complete form as indicated. Direct questions to sdbmoe@state.sd.us.
2. Mail this to the board office as indicated below. If copy is faxed to board office, original must follow via regular mail to complete the file.

SDBMOE
125 S. Main Avenue
Sioux Falls, SD 57104
(605) 367-7786 fax